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PARTNERSHIP IN LEARNING, AN HISTORICAL REPORT, 1960-1966.

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THE HISTORY (1960-66) OF THE CONTINUING EDUCATION PROGRAM OF THE WESTERN BRANCH OF THE AMERICAN PUBLIC HEALTH ASSOCIATION IS REVIEWED, TOGETHER WITH THE PROFESSIONAL EDUCATIONAL NEEDS AND THE FEDERAL SUPPORT THAT BROUGHT IT INTO BEING. OF PARTICULAR NOTE ARE THE SEMINARS AND COURSES DEVELOPED ON SUCH TOPICS AS CHRONIC DISEASE, HEALTH SERVICES ADMINISTRATION, MENTAL HEALTH, AND ENVIRONMENTAL HEALTH DURING THIS PERIOD. AN ACCOUNT IS ALSO GIVEN OF THE CURRENT (1967) ORGANIZATIONAL STRUCTURE (INCLUDING THE COMMITTEES REPRESENTING THE 13 MEMBER STATES), SOURCES OF FUNDS (MAINLY TUITIONS, GRANTS, AND CONTRACTS), RESPONSIBILITY FOR CURRICULUM DEVELOPMENT AND COURSE PRESENTATION, METHODS OF STUDY AND INSTRUCTION, PROGRAM EVALUATION (NOTABLY THE USE OF PERT PROCEDURES), AND PRACTICAL APPLICATIONS IN STATE PUBLIC HEALTH PROGRAM ADMINISTRATION. (THE DOCUMENT INCLUDES EDUCATIONAL QUALIFICATIONS OF 1966-67 REGISTRANTS, AND EIGHT FIGURES AND TABLES.) (LY)

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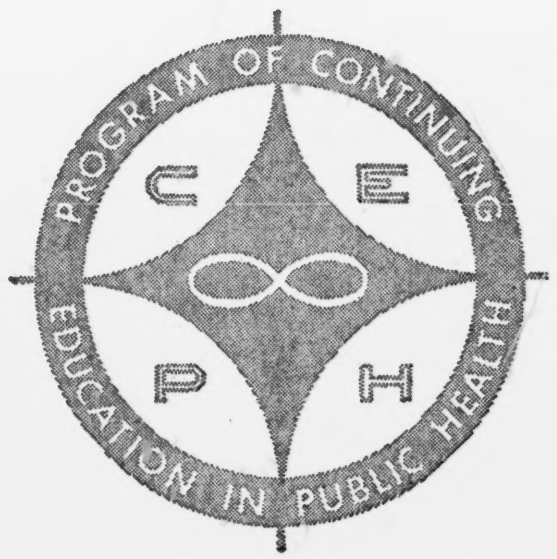

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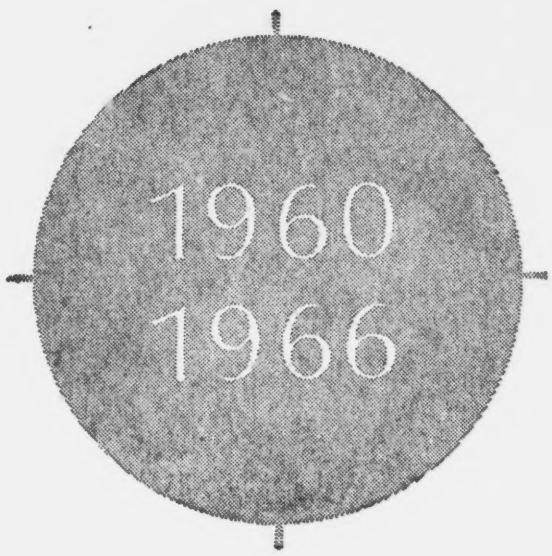

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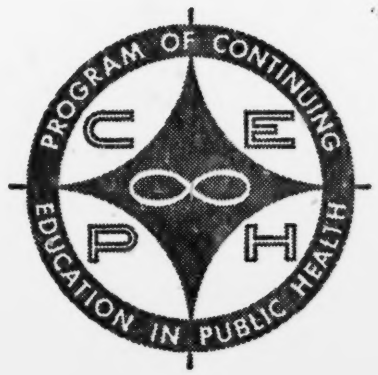

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DEDICATION

For a number of years, individuals most closely associated with the Program hoped that this unique approach to Continuing Education could be chronicled. Early in 1966 it was decided to publish the Program's History — a task undertaken with great anticipation and enthusiasm. Mid-way in the writing, Charles Edward Smith, M.D., Dean of the School of Public Health at Berkeley, met an untimely death.

The Program owes its origin to his creative and imaginative foresight; its growth and vitality to his constant energy, commitment and enthusiasm; its soundness to his guidance and understanding.

We can only strive and hope to live up to his expectations. We will try, although much of the joy in doing so departed with Chuck.

This History of the Program of Continuing Education in Public Health is respectfully dedicated to the memory of Charles Edward Smith, M.D., D.P.H.

ALVIN LEONARD

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Introduction 6

Chapter One: History 8

Chapter Two: Organization 14

Chapter Three: Funding 22

Chapter Four: Curriculum Development 26

Chapter Five: Modes of Instruction 32

Chapter Six: Evaluation and Application. 35

Introduction

The theory and practice of public health are undergoing rapid change and expansion. Whole new areas of concern to public health have developed in recent years, and the explosive population growth in the West has accentuated many health problems. As a result, the practicing public health professional both needs and desires organized, planned opportunities to keep abreast of the accelerating development of new knowledge, new problems and new methods for handling the old problems.

The Program of Continuing Education in Public Health — cooperatively sponsored by the three Schools of Public Health in the West, the American Public Health Association's affiliates in the 13 Western States, and the Western Regional Office of the APHA — is designed to meet these needs. It is a unique program aimed at bringing university-level education into the field for working public health personnel who already have their basic professional education.

Because the universities, schools of public health, and medical and nursing schools are charged with the task of educating students in more than 30 public health disciplines, they are obviously limited in the amount of time they can allot for the completion of any specific curriculum. One cannot logically assume, therefore, that today's graduate will remain — unassisted — well prepared and professionally competent throughout the span of his working life.

Although practical experience can itself be an avenue to professional development, good supervision and a capable preceptor are essential to convert practical work into a learning experience.

A more formal means to sharpen the professional's skills is in-service training—specific,

work-oriented training, on-the-job, sponsored directly or indirectly by the employing agency. By its very nature, however, the scope of in-service training must be fairly narrow. It is usually meant to teach or improve specific skills which can be applied directly to the job immediately after completion of the training.

Continuing education for the professions, on the other hand, is the organized and planned presentation of appropriate university-level educational experiences not developed directly by the employing agency but related to its needs and programs. Continuing education differs from practical experience and in-service training in that it is aimed at the exploration of new ideas, trends and developments, and the exposure of new dimensions which improve the individual professional's competency and may be expected to exert a broad, long-range effect on the field.

The Program of Continuing Education in Public Health is similar to continuing education programs conducted in other professional disciplines. Its offerings—short-term, intensive seminars, workshops and institutes — are not concerned directly with program implementation or the teaching of specific techniques. Neither are they intended to provide program direction or consultation — functions more appropriately furnished by officially related agencies.

The primary audiences for the Program of Continuing Education in Public Health are full-time, professional public health workers in the 13 Western States, whether from official or voluntary agencies. Professionals in allied fields, as well as individuals who are concerned with promotion of public health, may be invited to participate if their presence will enhance the learning situation and contribute to course objectives. Nevertheless, courses are designed with the primary target group in mind.

Because a number of other organizations such as university medical extensions, the Western Interstate Commission for Higher Education (WICHE) and the American Academy of General Practice (AAGP), sponsor programs of continuing education in the West, cooperation between these organizations and the Program of Continuing Education in Public Health, in joint sponsorship of courses, is often desirable. For example, state continuing education committees have arranged to receive AAGP accreditation for several Continuing Education Program offerings.

Nevertheless, the Program is unique in that its interdisciplinary offerings are presented in the field. The Program, unlike university extension systems of continuing education, is not campus-centered. However, offerings on the campuses of the three parent universities — The University of California at Berkeley and Los Angeles and the University of Hawaii — are not excluded.

The success of the Program of Continuing Education in Public Health is dependent upon the active cooperation and support of the United States Public Health Service, state and local health departments, voluntary health agencies and allied organizations.

In this context, continuing education can be an effective supplement to the existing educational and training activities now available to public health personnel. Executed successfully, it can provide the career-minded public health worker a new and important opportunity to keep pace with his rapidly changing profession.

CHAPTER ONE:

History

Origin

Although the present Program of Continuing Education in Public Health was conceived in 1959 and offered its first seminars in June, 1960, the Program has roots reaching back to World War II.

During the war years, both national and regional meetings of the American Public Health Association were cancelled. To meet the consequent need for consultation and liaison, the APHA Western Branch organized a "circuit-riding" group of public health leaders who traveled the West conducting programs of two or three days' duration in various sites. These educational meetings in the field were received with much enthusiasm.

In 1950, the late Dean Charles E. Smith, M.D., of the University of California School of Public Health, initiated a dinner at the annual meeting of the APHA Western Branch to bring together State Health Directors and their Chiefs of Training, regional representatives of the U.S. Public Health Service and the Children's Bureau, officers of the Western Branch, and members of the faculty of the UC School of Public Health.

The School, then serving the entire state, had been created with the support of all Western public health workers. The purpose of the dinner, therefore, was to find out what the UC School of Public Health could do to be of maximal assistance in meeting the West's public health needs.

It was expected that suggestions would be made regarding curriculum, admission policies and kindred academic subjects. Instead, State Health Directors immediately declared that their primary need was for continuing education programs brought to their personnel in the field. The state health officers cited the World War II circuit-riding program and said a modification of that pattern was their first priority.

In spite of the fact that this same need was continually emphasized in the following years, it was not until May, 1959, that funds to establish such a program finally became available through Federal appropriations under the newly enacted Hill-Rhodes Formula Grants. (The bill became law on June 22, 1958.) Under this legislation, Federal aid was allocated to schools of public health to enrich and improve their teaching programs. Funds were apportioned on a formula basis, determined by the number of students enrolled at the school, but exact usage of the funds, within the broad limitations imposed by the act, remained the prerogative of the university.

Meanwhile, the Western Branch of the APHA had asked the Association to establish a Western Regional Office and had agreed to support it partially. This request was backed by a recommendation of the Arden House Conference, convened by the APHA in 1956, and, with the encouragement of APHA Executive Director Dr. Berwyn Mattison, a Western Regional Office was established in San Francisco in 1958, staffed by Robert E. Mytinger, M.P.H., and Helen Leininger.

One of the primary concerns of the new office was to set up a program of continuing education. In support of that goal, Dean Smith pledged that the UC School of Public Health would provide substantial financial backing as soon as Federal funds were made available.

With the receipt of the first Hill-Rhodes appropriation by UC, that promise was fulfilled. The School of Public Health allotted 13.5 percent of its Federal grant monies to the Western Regional Office to underwrite the addition of one full-time professional staff member and to meet expenses for the development and presentation of a program of continuing education.

Using a previous training grant from the National Heart Institute (NHI) for continuing education in heart disease, Mytinger, Dr. Smith,

Dr. Alvin Leonard of the UC School of Public Health faculty and Dean L. S. Goerke of the UCLA School of Public Health worked to develop a core staff for a seminar in cardiovascular disease. At the same time, they recruited a full-time education director for the Western Regional Office staff — Don Hufhines, M.P.H.

Hufhines assumed his position on July 1, 1959. Since it was agreed that continuing education program offerings should be at a "graduate level," a Faculty Committee from the UC School of Public Health was formed to develop prototype courses and to assure that course content was of requisite quality. Each Affiliated State Association in the West also was asked to form its own Committee on Continuing Education, with the chairmen of these committees to constitute a Western Branch Committee on Continuing Education.

The purpose of the respective state committees was to determine the priorities and needs in their own regions. When prototype courses had been formulated in these subject areas, the state committees would then be asked to decide which courses they desired. Offerings would be modified as deemed locally appropriate, and presented by the continuing education staff and selected faculty members working closely with the local committee.

To tie these two major advisory bodies — the Faculty Committee and the Western Branch Committee — together, Dr. Leonard was named chairman of both. The two committees met jointly in San Francisco in the fall of 1959, with representatives from nearly every Western State in attendance. A course coordinator was selected for a projected four-day seminar on the administrative aspects of cardiovascular disease programs. Plans were also laid for a year-long course in community organization and public health orientation for executive personnel of voluntary agencies — to be conducted both on the UC campus and through specially selected projects by correspondence.

On June 13, 1960, the first two-week seminar for voluntary health agency executives began at Berkeley. Twenty-two persons representing agencies in Arizona, California, Iowa, Minnesota, Nevada, New Mexico, Oklahoma, Oregon and Texas attended. The campus session was followed by 10 monthly correspondence field assignments and concluded with a 10-day seminar at Berkeley in June, 1961.

On June 27, 1960, a three-day seminar on cardiovascular disease began in Seattle, Washington. This presentation, offered on a circuit basis, using the same materials and faculty in each state, was repeated at five other locations. Thorough coverage of the West (with the exception of Hawaii) was achieved by using travel subsidies from NHI funds.

On December 28, 1960, it could be reported that "the program of continuing education, unique unto itself in the nation, has successfully tested its wings and seems to fly satisfactorily. Committee and university relationships have evolved into a complex and, peculiarly, a smooth-working pattern."

The Program of Continuing Education in Public Health had become a fact. The response had been good, the future looked encouraging, and a long-standing need in the West had finally been met.

Background

According to a special survey* compiled in 1958 — just prior to the establishment of the Program of Continuing Education in Public Health — there were an estimated 6,000 public health workers in the 13 Western states. Of these, 5,400 were employed by state and local health departments. Professional responsibilities of 4,400 of these workers required one year of advanced academic training, yet a staggering 40 percent did not have this preparation. In addition, there were almost 500 unfilled positions in these states. A year of public health training was desirable in 80 percent of those unfilled positions.

It was projected that a total of 16,730 professional employees of public health agencies would need at least one year of academic public health training by 1962. And yet only 4,195 were expected to receive such training.

* **Meeting The West's Health Manpower Needs.** Special Report, WICHE, Boulder, Colorado, 1960.

In short, a tremendous gap existed between man-power needs and available resources. In 1958 there was only one accredited school of public health west of the Mississippi — at the University of California at Berkeley. In 1961 the School of Public Health at the University of California at Los Angeles received accreditation, and in 1965 the University of Hawaii established an accredited School of Public Health. Nevertheless, the demand for continuing education opportunities in the field of public health remains acute.

To maintain the present number of professional persons in public health jobs in the West by 1970, it was then estimated, would require replacing 2,600 persons who would leave the active labor market. Of those replacements, 82 percent (2,100) would be in jobs requiring at least a year of public health training.

To raise public health services to the recommended ratios for public health personnel, as well as to take care of the additional population of the West by 1970, an annual increment of 40 public health physicians, 140 public health sanitarians and 460 public health nurses has been required each year since 1958. This estimate does not include the need for such other public health professionals as clinic nurses, dentists, dental hygienists, educators, nutritionists, social workers, engineers, laboratory personnel, psychologists, statisticians, veterinarians and therapists.

Added to the problem of training new public health workers is the need to increase the effectiveness of those already on the job by keeping them abreast of new knowledge. It must be remembered that such currently familiar programs as control of cardiovascular disease, cancer and other chronic diseases; mental health; rehabilitation; radiological health; atmospheric pollution and accident prevention — to name only a few — were not areas of general concern a relatively short time ago.

Today there are over 9,000 public health professionals employed by official agencies in the West. Their numbers continue to grow, but the problems they face continue to multiply. Clearly, a third factor must also keep pace — their education. It is the aim of the Program of Continuing Education in Public Health to help provide the balance for this vital human equation.

Development

The history of the Program of Continuing Education in Public Health is one of uninterrupted growth. From the first 22 voluntary agency executives who registered at Berkeley in June, 1960, the number of public health workers in the West who have attended courses offered under the Program had swelled to nearly 5,000 by the end of 1966. During the 1966-67 fiscal year, the Program presented 32 seminars in 17 different course subjects. Even greater diversity is planned in the future.

At the end of 1960, the directions in which the fledgling Program would fly were still somewhat uncertain. The National Heart Institute grant which had financed the first series of cardiovascular disease seminars terminated, but continued support was assured by a one-year contract awarded by the Heart Disease Control Program, Division of Chronic Diseases, U.S. Public Health Service. At the same time, the UC School of Public Health, encouraged by the seminars already presented, agreed to maintain its Hill-Rhodes contributions.

Meanwhile, efforts were intensified to learn from the state association members what kinds of courses they wanted and needed. Some 2,500 local health workers responded to a region-wide survey questionnaire and gave these priorities to the topics in which they felt continuing education courses should be developed: 1) Mental Health; 2) Environmental Health; 3) Chronic Diseases; 4) Aging; 5) Research in Public Health; 6) Program Administration; 7) Acute Communicable Diseases.

In June, 1961, G. Nicholas Parlette, M.P.H., formerly associated with the California State Department of Public Health, joined the Western Regional Office staff as Education Associate for the Program of Continuing Education. Enlargement of the staff was made possible by a special project grant to the UC School of Public Health from the U.S. Public Health Service. The grant was awarded for a five-year period and was renewed in 1966. ●

In view of the great interest in mental health courses expressed by Western public health workers, an application for support of the Program had been made to the National Institute of Mental Health in the fall of 1960. In the spring of 1961, the NIMH responded with a five-year educational grant, thus assuring the Program of additional funds as it worked to develop seminars in this area.

Several other new courses had been given by mid-1961 — an institute on the Behavioral Sciences and Public Health at UCLA — or were planned—medical care administration, environmental health, and the first mental health offering, a seminar on interpersonal relationships. In June of 1961 the Program also announced that a monograph series would be established. The first two Continuing Education Monographs were entitled, **The Voluntary Health Agency — Meeting Community Needs** and **Cardiovascular Diseases.**

In December, 1961, the Faculty Advisory Committee was reorganized into five subcommittees to develop long-range curricula in each of their subject areas. The subcommittees were established in Mental Health, Community Health Services Administration, Environmental Health, Chronic Disease (more recently designated Personal Health Services) and Voluntary Agency Administration. Ex-officio experts from outside the faculty were called upon to supplement each sub-committee.

In the spring of 1962, the newly-accredited School of Public Health at the University of California at Los Angeles became the Program's second parent institution when it agreed to provide Hill-Rhodes formula grant monies to the Program on a matching percentage basis with the Berkeley school.

Meanwhile, the course offerings of the Program of Continuing Education in Public Health were also expanding. A new series of four-day seminars on stroke rehabilitation drew more than 100 registrants at each of three presentations — at Salt Lake City, Boise and Tucson.

In June, 1962, the chairmen of the state association continuing education committees met in a two-day workshop to develop a policy guide for the Program paralleling that already adopted by the Faculty Advisory Committee. That month the Program also sent to press the third in its series of Continuing Education Monographs, **The Behavioral Sciences and Public Health,** developed from the institute held at UCLA.

In July, 1962, the Faculty Advisory Committee met and adopted proposals for long-range curricula in chronic disease, health services administration, mental health and environmental health. On August 20, a group of 28 top administrators of heart, cancer, tuberculosis and crippled children's agencies attended a four-day seminar on communications for voluntary agency personnel. Favorable reactions were recorded both immediately after the seminar and in a later mailed follow-up. The series of stroke rehabilitation seminars was concluded with two more presentations. Sponsored cooperatively by five state public health associations, the series had drawn personnel from nine states.

As the scope of the Program grew more ambitious, the search for increased financial backing widened. Commitments to underwrite courses for voluntary agency personnel were received from the American Heart Association, the American Cancer Society, the National Society for Crippled Children and Adults and the National Tuberculosis Association. The California State Department of Public Health granted $2,500 to the Program for the development of a chronic disease curriculum for California health workers. And in the spring of 1963, the U.S. Public Health Service made two short-term traineeship grants to the Program to support four new courses in health services administration. The short-term traineeship mechanism was to become one of the major funding sources for specific offerings in the years to follow.

In December, 1962, the first mental health seminar on interpersonal relationships was given in Boulder, Montana. There were 28 participants, and they asked for a follow-up session which was held in June, 1963. Again the reception was enthusiastic.

By the end of 1963, 18 courses had been presented in the field since the inception of the Program in 1960. More than 1,000 public health professionals from 11 states had participated. The Program had also conducted another four courses for voluntary agency executives.

During 1964, both the Western Regional Office and the Continuing Education Program experienced major personnel changes. In January, 1964, Dr. W. H. Aufranc, formerly Regional Health Director of the Public Health Service's Region IX, assumed the position of Western Regional Office Director, succeeding Mytinger. Louis J. Pansky, M.P.H., former Health Educator with the Alcoholic Rehabilitation Clinic of the Los Angeles City Health Department, became the third full-time professional staff member of the Continuing Education Program. But at the end of the year Hufhines announced his impending resignation as Program chief, to be effective March 1, 1965.

The year 1964 saw the development of 12 new courses and the presentation of 32 individual seminars. The number of participants had grown to almost 3,000 in four years. The Hawaii State Public Health Association expressed interest for the first time in co-sponsoring continuing education courses. And the number of states represented by seminar participants had reached 13.

With the departure of Hufhines in March, 1965, Parlette assumed the post of Chief of the Continuing Education Program. Shortly thereafter, William R. Manning, M.P.H., was recruited to fill the new Program staff vacancy. He had formerly served as Health Education Director of the Utah State Department of Health.

For the 1965-66 fiscal year, a schedule of 26 course presentations — including 15 different seminars — was approved at a joint meeting of the Faculty Advisory Committee Executive Committee and chairmen of the Western Branch Continuing Education Committees. Among new offerings that year were seminars in medical care, public health law, family planning and suicide prevention. Moreover, a survey revealed that by mid-1965, a full 20 percent of the West's public health professionals had attended courses offered by the Program — and had been discriminating in their choices. That is, few "chronic seminar takers" were evident among the participants.

In order to stabilize and strengthen the activities of the state continuing education committees, a proposal was made by the Western Regional Office in 1965 to rebate to the state associations — for use by those committees — one-half of all registration fees collected at continuing education courses. The proposal was accepted, and a new position of vice-chairman for each state committee was inaugurated as well. An orientation program for state continuing education committee members was also developed to further bolster the committee mechanism.

In November, 1965, the Faculty Advisory Committee Executive Committee invited the new School of Public Health at the University of Hawaii to become a partner in the Continuing Education Program. University of Hawaii faculty members were added to the advisory body.

Three more monographs in the continuing education series were published in 1965 and early 1966. The fourth in the series was entitled, **The Voluntary Health Agency — Getting Community Action.** The fifth was entitled, **Stroke and Its Rehabilitation,** and the sixth, **Health Program Implementation Through PERT.**

In January, 1966, a new system of automatic data processing for all Continuing Education Program course registrations was adopted. By placing registration information on automatic punch cards, better course planning and development through improved statistical analysis became possible.

The second quarter of 1966 marked one of the most important periods in the Program's history in terms of financial security. The National Institute of Mental Health awarded a six-year grant whose sum was approximately three times greater than the amount of its original grant. A special U.S. Public Health Service project grant to the University of California at

Berkeley, to expand the Continuing Education Program, was renewed for a five-year period. Several Public Health Service short-term traineeships were approved, and two grants from the Children's Bureau were additionally authorized. But perhaps a request to undertake program development in Comprehensive Health Planning for Health Services from the U.S. Public Health Service was the most significant indication of the Program's new stability and maturity.

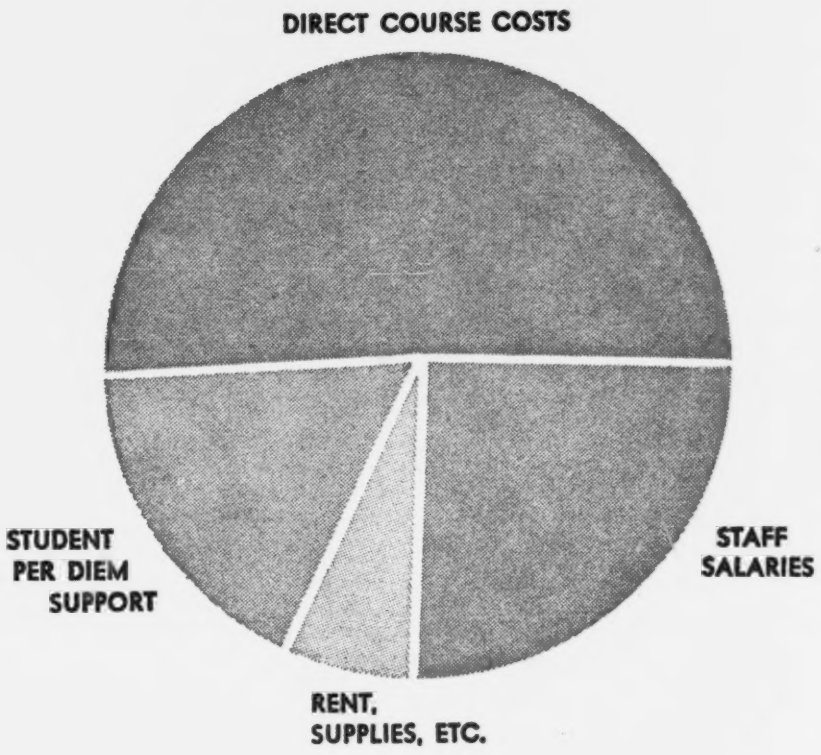
Under the expanded terms of the NIMH grant, a fourth staff position in the Continuing Education Program was authorized. Laurence B. Callan, Ph.D., a recent recipient of a doctoral degree in educational administration and higher education from Arizona State University, was recruited to the post in July, 1966.

During the summer of 1966, the University of Hawaii agreed to join in partnership with the two California Schools of Public Health and apportion a percentage of its Hill-Rhodes funds to support the Program.

In September, 1966, the new automatic data processing system revealed that 909 public health workers had participated in 20 continuing education courses conducted between January 1 and August 31, 1966. The concluding seminar on the budgetary process in the health services administration series was given in Arizona, making that four-part course the most ambitious undertaking of the Program since its inception. Total registration for the series, presented in eight states, was 1,569. For the first time a sizeable number of individuals in the West had been given the opportunity to participate, over an extended time-span, in a systematic, planned continuing education effort.

During 1966-67, the Program of Continuing Education in Public Health's cash flow budget, fluctuating as contracts and grants expired or were renegotiated, approached $350,000. Of that sum, 53 percent was expended for course support including travel; 31 percent for salaries, rent, equipment, etc.; and 18 percent for student per diem support.

EXPENDITURES 1966-1967



CHAPTER TWO:

Organization

The Program of Continuing Education in Public Health is committed to the idea of full partnership between academic institutions, the State components of the American Public Health Association and official and voluntary health agencies. It is the only continuing education endeavor in the health arena in which the professional schools and the professional associations have joined to bring university-level education to working personnel in the field. Thus it fits precisely the pattern recommended by earlier National Conferences on Public Health Training that . . . "funds be available for grants to academic institutions to support the basic activities of developing and administering continuation education programs in public health in full partnership with the operating agencies . . . and professional associations."

In striving to meet the needs of the West's public health workers and their employing agencies, while at the same time maintaining the high academic standards of the three parent universities, the Program relies on two major committees to provide policy formation, subject matter content and perspective. These are the Faculty Advisory Committee, consisting of 62 faculty members from the three participating schools, and the Committee on Continuing Education of the Confederation of Western Affiliates of APHA (formerly Western Branch), made up of the chairmen of the member state associations' continuing education committees.

The continuing education committee of each State Public Health Association represents the broad spectrum of public health disciplines. These committees identify needs and interest within their states and assist in the development and coordination of further educational activities at the state level. Offerings of the Program of Continuing Education in Public Health are scheduled for presentation in each state through that state's continuing education committee.

The Confederation Continuing Education Committee with its diverse, region-wide representation, serves as the prime instrument for determining the educational needs of the entire Western area. It also recommends operational procedures for the state committees.

As noted in 1960, the relationship among these advisory bodies has evolved into a "complex and, peculiarly, a smooth-working pattern." Expansion of the scope of the Program has resulted in refinements of the committee mechanisms since that time. Although the functional relationships remain intact, subcommittees have taken on a more important role as memberships in each parent body have grown. The pattern has become more complex, but the characterization "smooth-working" applies with greater force than ever before.

The Faculty Advisory Committee

The Faculty Advisory Committee is composed of faculty members from the Schools of Public Health, University of California, Berkeley; University of California, Los Angeles; and the University of Hawaii. Members are appointed by their respective deans. As presently constituted, the Faculty Advisory Committee consists of an Executive Committee and five subject area subcommittees: Personal Health Services, Community Health Services Administration, Environmental Health, Mental Health, and Voluntary Agency Administration.

The **Executive Committee** is concerned with overall direction and evaluation of the Program. This committee reviews the need and interest for course development as expressed by the continuing education committees of the State Public Health Associations. Regional surveys are conducted periodically using a standard questionnaire. Other methods may be developed and used by a state continuing education committee to determine need within its particular state. The Executive Committee

approves the curriculum developed by each of the subject area subcommittees and works with the Confederation of Western Affiliates Committee to assure that the curriculum is responsive to the needs and interests of the region and its individual states.

The **Executive Committee** is composed of the chairman of the Faculty Advisory Committee (who also serves as chairman of the Confederation Continuing Education Committee), the deans, and representatives from each of the subcommittees.

The Chairman of the Faculty Advisory Committee, upon the recommendations of the deans of the respective Schools of Public Health, appoints **subcommittees** for each of the subject areas in which courses are to be developed. Provision is made for the subcommittee to be supplemented by ex-officio members with particular competence in the subject area; however, the chairman of each subcommittee is a full-time faculty member.

Each subject area **subcommittee** is responsible for development of a "curriculum" in its study area and for individual course development. Selection of subjects is normally based on recommendations of the Confederation's Continuing Education Committee but may be initiated directly by faculty members. It reviews final outlines and suggested field faculty for each course developed. Periodically the subcommittee reviews course development and presentation experience to date, revising and broadening the curriculum as the need indicates.

Continuing Education Program staff members serve on the Faculty Advisory Committee and its subcommittees, providing necessary services, and act as liaison between the Committee, the State Association Continuing Education Committees and the Confederation Committee.

Faculty Liaison

For each new course to be developed, a member of the concerned subcommittee is selected to serve as faculty liaison and works with the Continuing Education Program staff in selecting a course coordinator or serves in that capacity himself. The faculty liaison acts in an advisory capacity to the Course Coordinator and Continuing Education Program staff in selection of a planning committee and serves as a member of the planning committee responsible for development of a topical outline for the course including: subject matter to be covered, suggested core faculty, suggested method of presentation, recommendations for target groups. He presents the topical course outline to the subcommittee for approval.

Course Coordinator

Selection of the Course Coordinator is made by the Continuing Education Program staff and with the assistance of the faculty liaison under the general direction and approval of the Continuing Education Faculty Advisory Committee. Educational criteria for selection of the Coordinator, in order of descending priority are:

A doctoral degree in the content area of the course offering and a graduate degree in public health.

OR

A doctoral degree either in the content area or in public health and knowledge of, in case of the former, the philosophy and practice of public health, and in the case of the latter, of the content area.

OR

A graduate degree in public health and knowledge of the content area of the offering.

OR

Appropriate professional degree in the content area and a willingness to familiarize himself with the philosophy and practice of public health.

In consultation with the faculty liaison and the Continuing Education Program staff, the Course Coordinator recruits a planning committee for the course offering and develops with them a working draft of a course outline.

Jointly with the Continuing Education Program staff, and following approval of the

outline by the Faculty Advisory Committee, the Course Coordinator adapts the plan for the course so that it will meet the needs of the State Public Health Associations.

In consultation with the faculty liaison and Continuing Education Program staff, he selects and recruits the field faculty.

The Coordinator attends each presentation, if at all possible, and works with the Continuing Education Program staff in the actual execution of the course.

If the proceedings of the course are to be published (the decision rests with the Faculty Subcommittee), the Course Coordinator acts in an overall coordinating and editorial capacity. Final editing and publication is the responsibility of the Continuing Education Program staff.

Continuing Education Program Staff

Members of the staff serve as secretariat to the Faculty Advisory Committee and each of its subject area subcommittees.

Following selection of a Course Coordinator, the assigned Program staff member negotiates financial arrangements with the Coordinator and field faculty and serves as a member of the course planning committee. He works directly with the Course Coordinator and each state association in adapting courses to meet local needs and in arranging local presentation of each course. He attends each course, working jointly with the Course Coordinator and the state association continuing education committee for actual execution of the course.

The staff assists the Course Coordinator in preparing proceedings, monographs or other publications pertinent to the course.

The Program staff is responsible for administrative aspects of course development and presentation, for obtaining necessary funding to support courses and for liaison with funding organizations. The staff also serves as liaison with university extension divisions and keeps the Faculty Advisory Committee informed of other offerings in public health and allied fields.

Confederation of Western Affiliates Continuing Education Committee

The Confederation of Western Affiliates Continuing Education Committee is composed of the chairman of each member State Public Health Association's continuing education committee. The chairmen are appointed by their respective state association presidents. The chairman of this committee, who also serves as chairman of the Faculty Advisory Committee, is appointed by the President of the Confederation upon the recommendation of the Deans of the three Schools of Public Health.

The Confederation Committee acts in an advisory capacity to the Faculty Advisory Committee, to the staff of the Program of Continuing Education in Public Health and to the continuing education committees of the State Public Health Associations.

To the Faculty Advisory Committee, it recommends priorities for broad subject areas suitable for course development.

To the Continuing Education Program staff, it makes recommendations in matters pertaining to the regional operation of the Program.

To the continuing education committees of each state association, it develops and recommends procedures pertaining to their functions and operation.

Through its individual members, the Confederation Committee works with the Continuing Education Program staff to evaluate the Program and its separate course offerings.

The Confederation Continuing Education Committee meets each year at the time of the annual meeting of the Confederation of Western Affiliates, APHA. In addition, special meetings may be called at appropriate times by the chairman.

State Public Health Association Continuing Education Committees

Each affiliated Public Health Association has a duly-constituted standing committee on continuing education. The committee composition is broadly representative of the many dis-

ciplines in public health, and ideally includes representation from:

1. The State Health Department
2. Major voluntary health agencies (one or more persons)
3. Professional schools (medical, nursing, etc.)
4. Local health departments
5. Related professional associations (e.g., NLN, AMA, etc.)
6. Related agencies, as appropriate (Welfare, OVR, etc.)

For continuity, committee membership appointments are usually for two years, with overlapping terms. The chairman usually holds office for a minimum of two years. A vice-chairman is also appointed, and assumes the chair when the chairman is not available or is replaced. Appointment to these two key positions is usually made from the committee membership whenever possible.

Each state committee determines subject areas within the state in which continuing education is needed and, when requested by the Continuing Education Program staff, participates in regional surveys of interest and need. The committee periodically advises Continuing Education Program staff of interests and needs, and selects courses to be presented in the state or in co-sponsorship with other states. The State Continuing Education Committee may also take leadership in developing and coordinating intra-state educational and training opportunities not directly associated with the Program of Continuing Education in Public Health. Continuing Education Program staff members are available for general consultation on development of state associations' continuing education programs.

Committee members, under the direction of the chairman, develop and maintain working relationships with agencies and organizations concerned with continuing education and training of public health personnel. They assist in coordination of various educational opportunities available to public health personnel and work with Continuing Education Program staff in promoting and developing financial support within the state for Continuing Education offerings, both for participant aid and course costs.

The committee is responsible for keeping public health association members and other public health personnel in the state informed of Continuing Education Program activities. It also determines long-range continuing education programs for the State Public Health Association. Periodically it reviews plans and accomplishments.

Appropriate subject area subcommittees are appointed to help plan presentations of Program offerings as they become available.

The chairman, or vice-chairman in his absence, serves as liaison between the committee and the association officers, and is a member of the Confederation Continuing Education Committee. He is also responsible for preparing and reporting to the association and to the staff of the Program of Continuing Education the disbursement of registration fees on an annual fiscal year basis.

Each subcommittee is responsible for developing Continuing Education Program offerings in a subject area for state presentation and for all local arrangements necessary for the presentation. Responsibilities include:

> Working with Continuing Education Program staff to adapt offerings for state presentation; selecting local faculty to augment core faculty for offerings; selecting dates and site for continuing education offerings; evaluating continuing education offerings. The subcommittee makes all necessary local arrangements for presentations. The subcommittee chairman reports progress to the continuing education committee and advises the committee of any changes in emphasis in the interests and needs of public health workers in the state in the subject area.

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L. S. Goerke, M.D., M.S.P.H.
Jerome Grossman, M.P.H., Ph.D.
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Edward S. Rogers, M.D., M.P.H.
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Guy Steuart, Ph.D., M.P.H.
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Beryl J. Roberts, Dr. P.H.
Guy Steuart, Ph.D., MP.H.
G. Nicholas Parlette, M.P.H.
Laurence B. Callan, Ph.D.

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STATE PUBLIC HEALTH ASSOCIATIONS
(In order of their terms of office)

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Jack Hansma, Ed.D.
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ED SHEFLIN

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Robert E. Mytinger, Dr. P.H.
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Max Braden, M.P.H.
Harold Osterud, M.D.
MAX BRADEN, M.P.H.

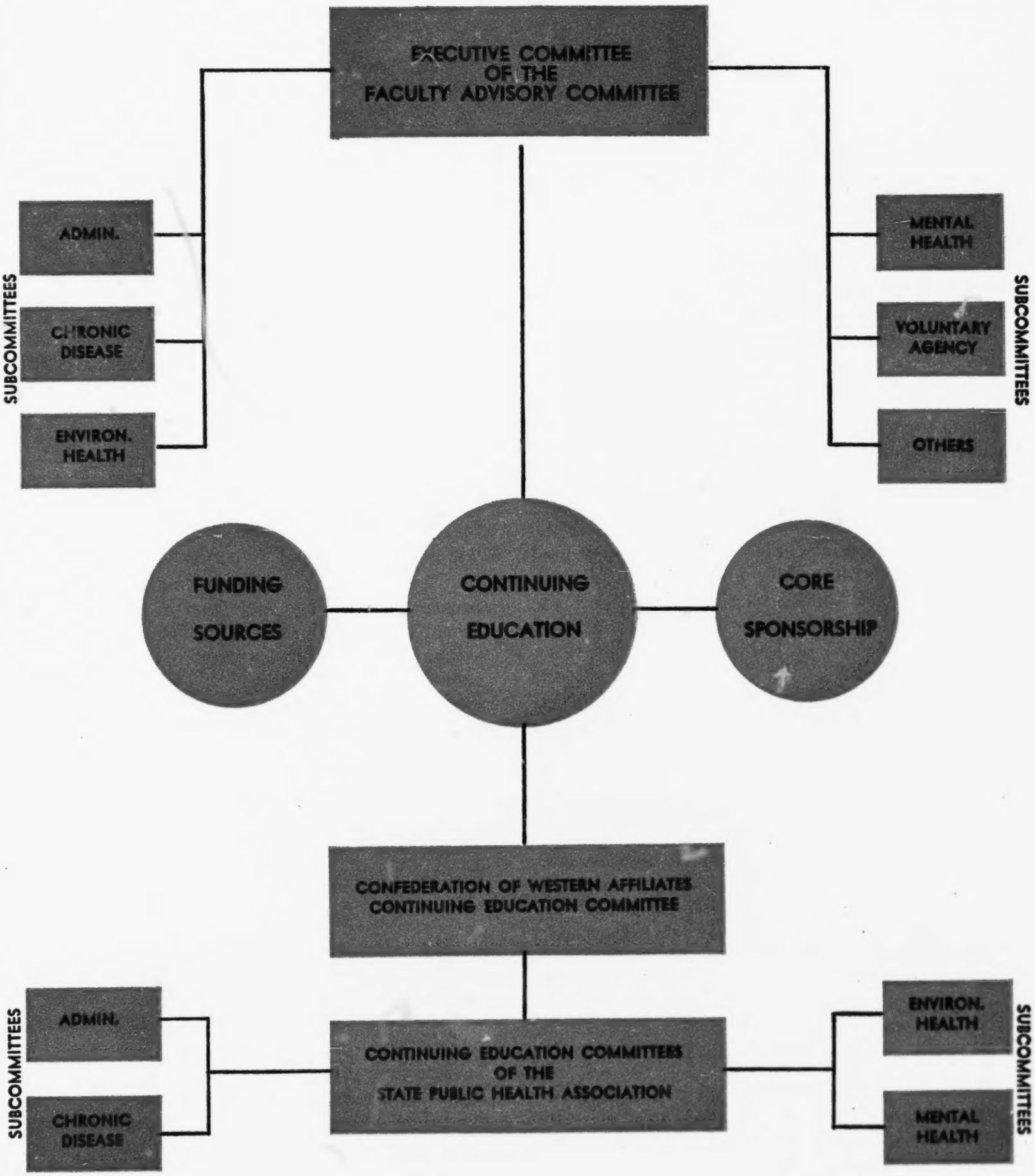
UTAH
Richard Nelson, M.D.
Elton Newman, M.D.
Virginia Cole, P.H.N.
William R. Manning, M.P.H.
FRANKLIN BROUGH, M.P.H.

WASHINGTON
Tom Drummey
Donald R. Peterson, M.D.
TOM DRUMMEY

WYOMING
Allen M. A. Buckingham, M.P.H.
Philip Hughes, M.P.H.
Mary Cassidy, R.N.
DONNA McKENNA, P.H.N.

*Presently not members of the Confederation of Western Affiliates, A.P.H.A.

FUNCTIONAL STRUCTURE OF THE PROGRAM OF CONTINUING EDUCATION IN PUBLIC HEALTH


EXECUTIVE COMMITTEE OF THE FACULTY ADVISORY COMMITTEE
SUBCOMMITTEES
ADMIN.
CHRONIC DISEASE
ENVIRON. HEALTH
MENTAL HEALTH
VOLUNTARY AGENCY
OTHERS
SUBCOMMITTEES
FUNDING SOURCES
CONTINUING EDUCATION
CORE SPONSORSHIP
CONFEDERATION OF WESTERN AFFILIATES CONTINUING EDUCATION COMMITTEE
SUBCOMMITTEES
ADMIN.
CHRONIC DISEASE
CONTINUING EDUCATION COMMITTEES OF THE STATE PUBLIC HEALTH ASSOCIATION
ENVIRON. HEALTH
MENTAL HEALTH
SUBCOMMITTEES

CHAPTER THREE:

Funding

FUNDING

Financial support for the Program of Continuing Education in Public Health is secured through a variety of sources.

Hill-Rhodes Funds

General support for the basic administration of the Program is derived from a percentage of Hill-Rhodes Funds (Federal Aid) to the Schools of Public Health at the University of California at Berkeley and Los Angeles, and the University of Hawaii. Under Section 309-c of the legislation, Federal funds are apportioned to the schools of public health on a formula basis according to the number of students enrolled. By agreement with the Program of Continuing Education in Public Health, the three Universities allot to the Program a percentage (13.5% for the two California Schools, and at present 5% for Hawaii) of their Hill-Rhodes aid for development of graduate level courses in public health to be presented to professional workers in the field.

Project Grant

A special U. S. Public Health Service project grant under Section 309-a of the same legislation to the School of Public Health at the University of California at Berkeley augments these funds. The grant was first awarded in 1961 to enlarge the staff of the Continuing Education Program. It was renewed for another five-year period in 1966.

Tuition

The cost of developing and presenting the curriculum of the Program is met primarily by payment of tuition. A tuition fee for each course is established based on estimated expenses — exclusive of staff salaries and central services. For most courses, contracts or grants are negotiated which enable the Program to offer tuition scholarships to individuals who are accepted for enrollment. Where funds are not available, the individual or his agency pays the fee.

Registration Fees

Modest registration fees are set in cooperation with the co-sponsoring State Continuing Education Committee, but the income derived from registration fees is not great. The principal reason for charging a registration fee is the firm belief that the individual should make a contribution to his own professional growth. Moreover, to strengthen the planning and execution of continuing education programs in individual states, and specifically to stabilize the financial status of each continuing education committee, one-half of all registration fees collected for a course presentation are rebated to the state association after the deduction of necessary approved expenses.

The rebate is made following each state presentation. The only conditions on use of these funds by the State Public Health Associations are that they support continuing education programs sponsored by the state association and defray necessary expenses for planning and implementing such courses. The funds need not be used exclusively for courses brought to them through the Program of Continuing Education in Public Health.

For the calendar year 1965, $3,294.12 was rebated to participating Western State Public Health Associations by the Program.

Grants and Contracts

Since its inception, the Program has relied on a number of grants and contracts to support development and presentation of courses in specific fields, and to underwrite attendance at individual offerings.

The first of these, a short-term grant by the National Heart Institute, was used to support the initial series of seminars on cardiovascular disease. A contract with the Heart Disease Control Program of the U. S. Public Health Service to support the stroke rehabilitation seminars was entered into in 1961 for one year.

The most important individual grant — first negotiated in 1961 and renewed at a greatly increased level for a six-year period in 1966 — was awarded by the National Institute of Mental Health for development of courses in mental health, but not limited to the area of psychiatric illness. This grant has supported or will support seminars in interpersonal relationships, mental disorders, the multi-problem family, the mental patient in the community, the recalcitrant patient, communications, working with families and suicide prevention. Other mental health courses are in the developmental stage.

An equally important granting mechanism, the short-term traineeship grants administered by the U. S. Public Health Service, has been used by the Program to underwrite the expense of materials and faculty in specific courses, and to support the attendance, exclusive of travel, of individual students at these courses. Courses supported by P.H.S. short-term traineeship grants include public health law, medical care organization, environmental health, successful patterns for executive action, the year-course for voluntary agency executives and the four-part administration series.

Additionally, several grants from the Children's Bureau have been awarded to the Program to support seminars in mental retardation and family planning. These grants are administered contractually through the School of Public Health at the University of California at Berkeley.

Courses for voluntary agency personnel have received subsidies from such organizations as the American Cancer Society, the American Heart Association, the National Society for Crippled Children and Adults, and the National Tuberculosis Association. Planned Parenthood/World Population has also contributed a grant to support family planning seminars.

The terms of many of these grants and contracts permit payment of per diem and travel expenses to seminar participants. Priority for this assistance is given to those who would not otherwise be able to attend. A primary source of participant support is the employing agency.

Expenditure of funds is the responsibility of the Continuing Education Program staff, subject to the rules and regulations of the granting agency and the accounting procedures of the Western Regional Office, APHA. This office is in turn responsible to the Universities and the American Public Health Association. Financial and progress reports are submitted periodically to the funding agencies.

PROGRAM OF CEPH
COMPOSITE BUDGETS
AND
SOURCES OF FUNDS

KEY

FORMULA UCB

FORMULA UCLA

FORMULA U of H

PROJECT GRANT

NIMH GRANT

SHORT TERM TRAIN.

HEART CONTRACTS

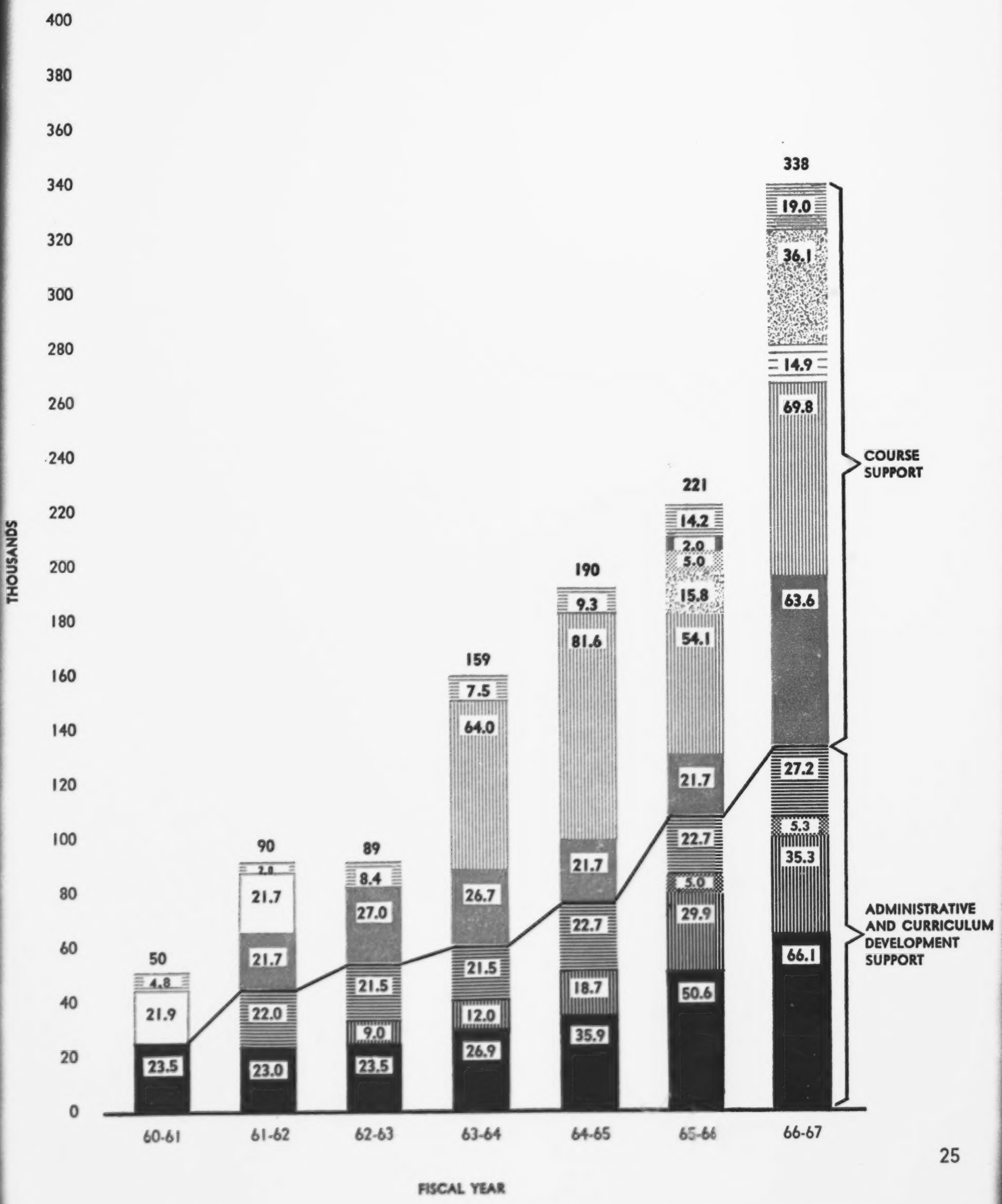
COMPREHENSIVE PLANNING CONTRACT

CHILDREN'S BUREAU

PLANNED PARENTHOOD

CALIF. DEPT. PUBLIC HEALTH

TUITION, REGISTRATION FEES, MONOGRAPH SALES


400
380
360
340
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
THOUSANDS
50
4.8
21.9
23.5
90
2.8
21.7
21.7
22.0
23.0
89
8.4
27.0
21.5
9.0
23.5
159
7.5
64.0
26.7
21.5
12.0
26.9
190
9.3
81.6
21.7
22.7
18.7
35.9
221
14.2
2.0
5.0
15.8
54.1
21.7
22.7
5.0
29.9
50.6
338
19.0
36.1
14.9
69.8
63.6
27.2
5.3
35.3
66.1
COURSE SUPPORT
ADMINISTRATIVE AND CURRICULUM DEVELOPMENT SUPPORT
60-61
61-62
62-63
63-64
64-65
65-66
66-67
FISCAL YEAR

CHAPTER FOUR:

Curriculum Development

CURRICULUM DEVELOPMENT

The curriculum of the Program of Continuing Education in Public Health is based on the interests and needs of the "consumers", and its development is continuous. With few exceptions, the format of each Continuing Education Program offering is flexible and responsive to local conditions and the requirements of the participants.

The functional structure of the Program, the complex interlocking relationship among local health agencies, the working professionals in the various disciplines, the state association continuing education committees, the Confederation Continuing Education Committee and the Faculty Advisory Committee, are geared solely to the achievement of this end — the assurance that each offering will reflect the desires of the people for whom it is intended, limited only by stringent academic standards.

During the 1966-67 fiscal year, 32 separate courses in five general subject areas were offered by the Program. These included 10 courses in mental health, 10 in health services administration, 6 in personal health services, 2 in environmental health and 4 intended for personnel of voluntary health agencies.

Student Body

The composition of the student body at each presentation varies greatly. Most courses are designed for interdisciplinary audiences, but attendance is affected by the subject matter and the location in which the presentation is held. The disciplines of nursing, medicine, administration, environmental health and education, in that order, have represented the largest participant categories to date.

For an analysis of attendance by discipline see figure 2, page 31.

Participation in seminars also varies by position in the hierarchy of the agency. For an analysis of attendance by this factor see figure 1, page 30.

An analysis of registration data for 1966-67 shows that of the total participant body:

16% had doctoral degrees
(12.5% a doctor of medicine)
22% had master's degrees
38.5% had bachelor's degrees
10% had professional registration
13.5% had no formal degrees

Of the total participant body:

23% had obtained a public health degree.

Yearly, the Continuing Education Committee of the Confederation of Western Affiliates, APHA, meets to schedule tentatively the offerings to be held in each state during the coming fiscal year. The best months for presentations in each state are selected, and the optimal number and subject of courses for each state are also recorded. (See figure 3, page 39). This enables both the Program staff and the local committees and agencies to plan around a definite schedule for continuing education seminars in each state. Additionally, new topics in which continuing education courses should be developed are proposed by the committee members.

How a Course Develops

The actual process by which a course progresses from conception to presentation involves each component of the Continuing Education Program.

Working through the state committees, the Program conducts periodic surveys of NEED and DEMAND. Such surveys constitute the formal beginning of the process, although in reality it is the individual public health workers in each area and their employing agencies who determine, through their representation on the state continuing education committee and subcommittees, the directions in which the Program should move.

Based on the recommendations of the state committees the Confederation Continuing Education Committee determines regional interests and requirements, and proposes regional policy.

Such policy is adopted by the Faculty Advisory Committee, reviewing need, demand and actual or potential financing, and study areas for development are selected. The Faculty Advisory Committee also relies on the membership of its subcommittees for guidance and development of long-range curricula.

Once these curricula are established, a faculty liaison representative is appointed for each study area, a member of the Continuing Education Program staff is designated to work with the faculty liaison representative, a course coordinator is selected, and these three select and recruit a course planning committee. The committee, together with the faculty liaison representative, the course coordinator and the Program staff representative, produces a topical course outline and a list of suggested core faculty for the course. The course outline and the faculty list are then submitted to the Faculty Advisory Committee for review and approval.

Upon approval, the course is offered to all states simultaneously. When a state expresses interest in presenting the course, it is adapted to meet local conditions at each presentation.

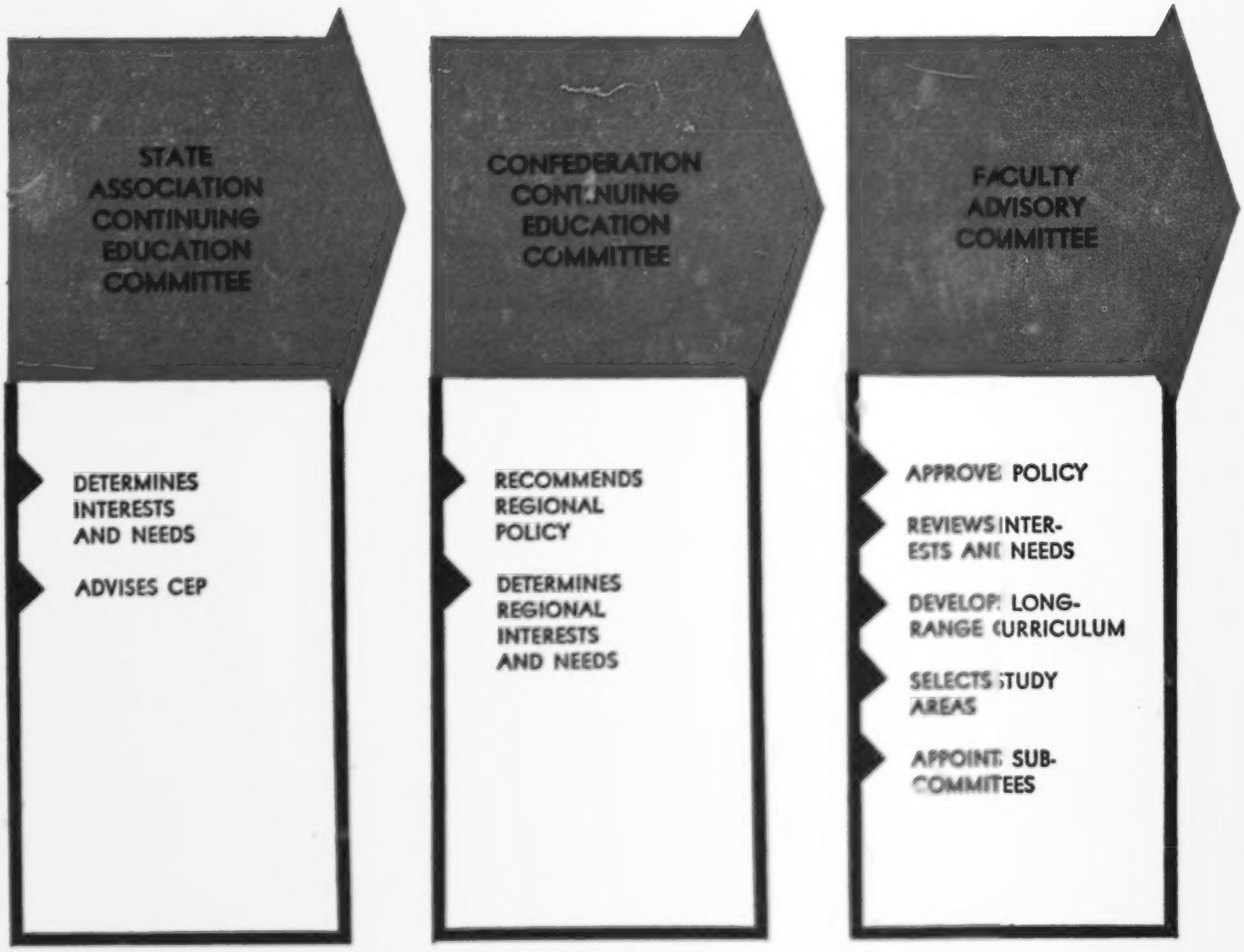
Working with the state continuing education committee, the Program staff member arranges a local planning committee and, together with the course coordinator, schedules faculty for the local presentation. The staff member negotiates the necessary local financing, if such is involved, conducts the required staff work and sees the course presented. He also conducts the indicated follow-up.

For a schematic representation of course development see figure 4, pages 28 and 29.

Summary of Primary Responsibilities For Course Presentation

- Faculty selection and course content are subject to the approval of the Faculty Advisory Committee.
- Financial arrangements and final commitments regarding faculty participation, including local resource people, are the responsibility of the Continuing Education Program staff.
- The site and facilities for local presentation of Continuing Education programs are selected by the state committee based on course requirements and recommendations of the Continuing Education Program staff.
- Financial and other final arrangements regarding program site and facilities are shared by the Continuing Education Program staff and the local arrangements committee.
- Actual coordination of program sessions is carried out by the course coordinator, Continuing Education Program staff, or an alternate selected with the approval of the staff.
- The course announcement, agenda and other materials are printed by the Continuing Education Program office.
- Program promotion is planned and executed jointly by the State Committee and the Continuing Education Program staff.
- Local sponsors furnish personnel and equipment for registration, if possible.
- The registration or tuition fee is set jointly by representatives of the state committee and the Continuing Education Program staff.
- The right to publish papers presented is reserved by the Continuing Education Program pending agreement of the author.
- Audio-visual equipment and personnel are furnished by local sponsors, if possible.

COURSE DEVELOPMENT FLOW CHART



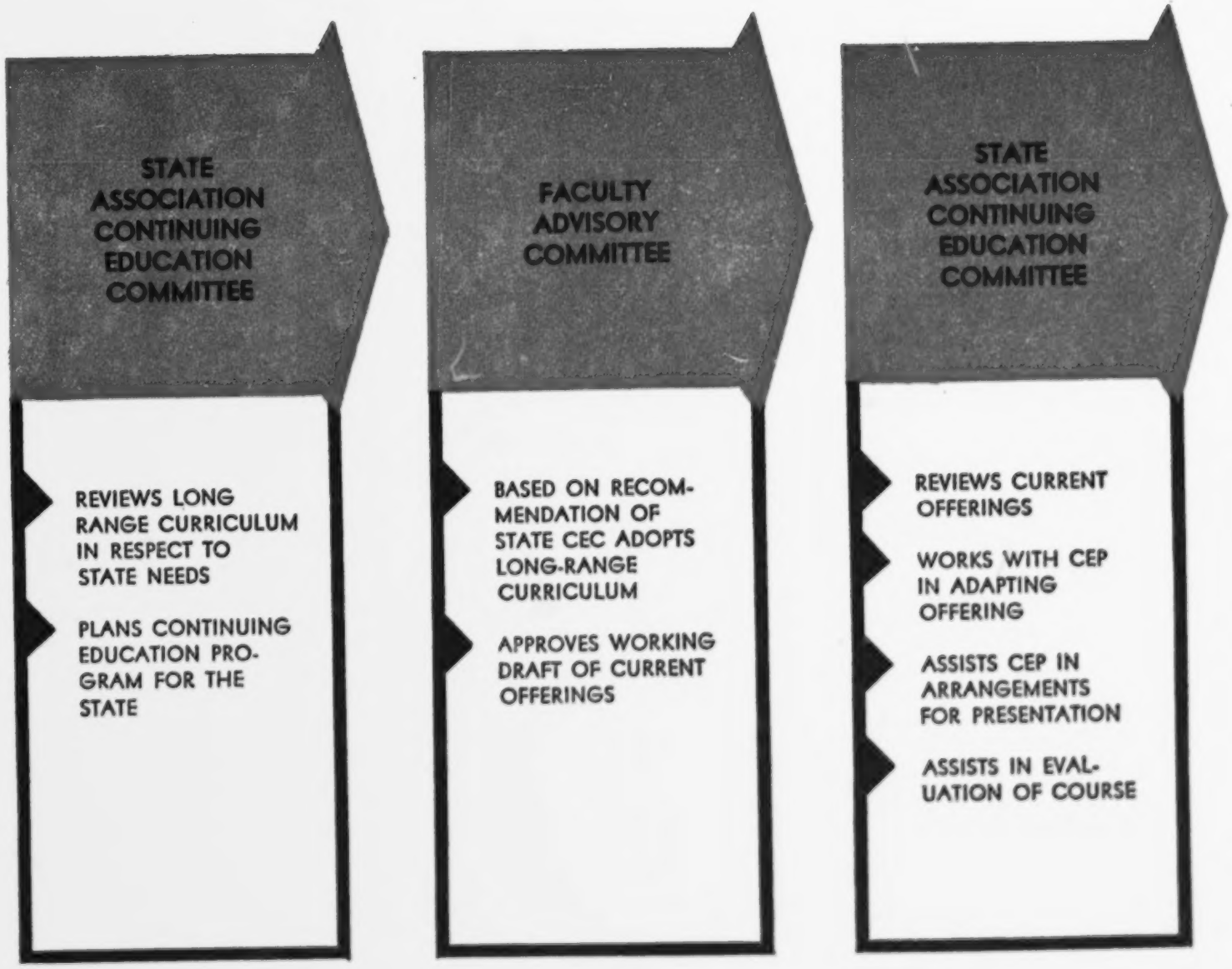

STATE ASSOCIATION CONTINUING EDUCATION COMMITTEE
REVIEWS LONG RANGE CURRICULUM IN RESPECT TO STATE NEEDS
PLANS CONTINUING EDUCATION PROGRAM FOR THE STATE
FACULTY ADVISORY COMMITTEE
BASED ON RECOMMENDATION OF STATE CEC ADOPTS LONG-RANGE CURRICULUM
APPROVES WORKING DRAFT OF CURRENT OFFERINGS
STATE ASSOCIATION CONTINUING EDUCATION COMMITTEE
REVIEWS CURRENT OFFERINGS
WORKS WITH CEP IN ADAPTING OFFERING
ASSISTS CEP IN ARRANGEMENTS FOR PRESENTATION
ASSISTS IN EVALUATION OF COURSE

FIGURE 4

FIGURE 1

Participants by Hierarchical Position During 1966

Course Title	Head of Agency	Head Sub-Unit	Supervisor	Staff	Private
Working With Families I	3	5	27	36	1
Working With Families II	1	4	12	98	1
Mental Patient in the Community	1	14	21	59	2
Suicide - Problems & Prevention	7	19	35	68	5
Building Relationships I	1	4	1	38	-
Building Relationships II	1	2	3	37	-
Personnel Management	3	15	8	4	1
Budget & Admin. Process	13	50	29	11	1
Legal Tools	42	33	69	81	6
Med. Care Org.	37	51	89	27	2
Year Course	11	8	3	1	-
Succ. Patterns	20	9	7	2	-
Family Planning	11	17	39	91	17
Mental Retardation & Community Services	24	52	64	193	3
Man & His Environment	4	15	21	16	2
	179	298	428	682	41

ATTENDANCE BY DISCIPLINE AND BY COURSE FROM INCEPTION OF PROGRAM THRU DECEMBER, 1966

Disciplines	Suicide	Med. Care Org.	Cardiovascular	Stroke	Env. Health	M.R.	Admin. No. 1	Admin. No. 2	Admin. No. 3	Admin. No. 4	Bldg. Rels.	Human Factors	Recel. Patient	Mental Patient	Multi-Problem Family	Men. Dis. I & II	Wk. With Families I & II	Public Health Law	Family Planning	TOTALS
Physicians	17	59	129	77	9	32	83	67	62	73	13	5	8	10	15	2	4	56	27	748
Med./Psychiatric Social Workers	44	11	11	4	2	59	19	12	11	10	....	....	9	45	37	1	84	8	18	385
Nurses	42	68	146	205	4	178	112	82	76	67	53	3	28	34	89	61	122	32	96	1498
Env. Health	....	6	10	2	24	....	82	62	64	61	17	1	3	1	4	2	1	102	....	442
Health Educators	6	11	12	14	3	57	32	18	13	17	4	....	3	10	6	9	3	21	14	253
Psychologists	....	45	4	1	11	2	3	4	4	7	....	....	1	....	5	....	4	....	....	91
Admin. Personnel	5	1	43	34	....	35	108	66	81	113	16	5	2	8	13	5	12	30	7	584
Dentists	....	....	1	....	....	1	4	5	1	4	4	....	....	....	....	....	....	1	....	21
Veterinarians	....	....	1	....	....	....	3	2	2	2	....	....	....	....	....	....	....	1	....	11
Public Health Investigators	....	....	....	....	....	....	2	1	1	....	....	....	1	....	....	....	8	....	....	13
Lab. Personnel	....	1	10	3	4	....	10	8	9	11	2	....	....	1	1	....	....	3	....	63
Nutritionists	....	....	4	3	....	....	1	....	....	....	....	....	....	....	2	....	....	....	....	10
Therapists	....	1	....	32	1	10	....	....	....	....	....	....	1	....	....	2	....	1	....	48
Others	20	4	47	97	....	51	40	22	21	10	14	1	7	16	12	8	24	18	13	425
TOTALS	134	207	418	472	58	425	499	349	345	375	123	15	63	125	184	90	262	273	175	4592

Voluntary Agency Courses

	Total
Year Course:	73
Utilizing Consultation Effectively	19
Successful Patterns for Executive Action	65
Web of Communication	29
Total All Voluntary Agency Courses	186

NOTE: Valuntary Agency Courses **have not** been accounted for in individual State charts.

SUMMARY OF ATTENDANCE:

Total All CE State Courses:	4,592
Total All Voluntary Agency Courses:	186
GRAND TOTAL ALL CE COURSES:	4,778

FIGURE 2

CHAPTER FIVE:

Modes of Instruction

MODES OF INSTRUCTION

The Program of Continuing Education in Public Health employs a wide variety of techniques in the presentation of courses. The aim is to insure that each offering be informative and effective, and allow for the greatest possible absorption and retention of information and concepts by participants. Methods employed include: lectures by experts; plenary question and answer and discussion sessions; small group discussions led by field faculty and/or participants aimed at clarification of content presented, applicability to the job, and exploration of program implementation; seminars within the course structure in which faculty rotate through participant groups or hold concurrent sessions for intensive discussion of selected topics; on-the-site consultation by faculty; participant reaction panels to presentations as well as faculty reaction panels to participant case presentations; interviewing of patients and clients; case studies; case demonstrations; laboratory "T-Group" training sessions; role-playing and problem-simulation; gaming theory and partially instrumented labs in which information collected from registrants on specially prepared questionnaires is fed back to participants.

These techniques are augmented by specially prepared reading lists, bibliographies, seminar reference libraries, pre-course reading of articles, papers and abstracts. When feasible, site visits to out-patient clinics, hospitals, etc., are made.

Other delivery methods to supplement in-the-field course presentations are also being explored, and field tested. These include video tape, closed circuit television, programmed instruction (using both texts and machines) and telephone lecture circuits.

In general, courses presented by the Program may be categorized as **flexible** — the most numerous type, those whose content can be designed to meet local needs; **fixed basic information** — those of a generic nature where adaptation to local circumstances would not be necessary; and **process** — those whose content is developed around the needs of the individual participants. (For a complete listing of courses see pages 40 and 41).

Most courses offered by the Program are presented as self-contained seminars, conducted at one location for periods of two to five days. Enrollment at each seminar is usually limited, according to subject matter and type of presentation, to achieve maximum participation. Selection of students by discipline and qualification is also undertaken in certain instances. One course, "Voluntary Agency Administration", consists of an initial two-week session on the campus of one of the parent universities, followed by 10 months of related practical field assignments by correspondence, and a concluding 10-day campus workshop. Another course, "Working With Families", consists of two three-day sessions spaced about one month apart. Both sessions must be accepted, since each is an integral part of the other. The first focusses primarily on the relationship between the individual professional and the family, the second on the professional's work with families within the organizational setting of the agency.

Another mental health course, "Mental Disorders of Concern to Health Personnel", allows for extremely flexible scheduling. It may be offered in six one-day sessions spaced at one-month intervals — or three two-day sessions — or two three-day sessions spaced about three months apart. The latter has proved to be the most effective.

Methodology

An illustration of the combination of techniques which may be utilized in any one course is provided by the general outline of the program, "Legal Tools for Effective Health Administration." This flexible, 3-day seminar is designed as a practical symposium for public health personnel and administrators on the

legal framework for public health programs, legal problems in public health administration and the legal tools which may be employed to provide effective health services.

This course combines lectures on a series of technical subjects with small groups in which faculty participate for in-depth discussion. Panel discussions and commentary on the presentation by local attorneys coupled with participant questions help to translate theory into practice. Specially designed case studies based on actual local problems form a basis for discussion of legal issues involved. Participant groups reach independent decisions on the cases. Following discussion of the basis of the decision, the actual court decision and its legal precedents are revealed and dissected. To give each participant experience in court procedure a mock trial or administrative hearing (the option is at the discretion of the state committee) is held.

Use of New Techniques

The fixed basic information course, "The Budget and the Administrative Process", the fourth of four seminars in the administration series, again illustrates both the diversity of instruction methods employed in individual courses and the efforts of the Program of Continuing Education in Public Health to integrate new teaching techniques into its offerings.

The seminar begins with a general program orientation followed by a lecture on program management in public health. Participants are then given a case to study individually, each working on it alone, and then joining together in small groups for discussion. The small groups then merge into three large groups, each with a faculty member assigned. Discussion centers around the case.

Next, the participants are introduced to a programmed text. This consists of a booklet with self-scoring test questions on the content to be read and answered individually before joining as a group once more for discussion of the test results.

Lectures on resources and trends in financing, and effective budget development, are presented next, with handout material. The participants then break into small groups in which a series of budgets are assigned for analysis as to type, effectiveness and implications for programming.

Lectures follow on the role of the manager in budget administration, and on management by objectives. The large group then breaks into smaller bodies for a role-playing exercise in which each member is given a part to play at a simulated budget hearing. Groups rate the performance of each player and that of the budget director, who is also a role-player. General discussion of the results of the ratings follows.

The seminar concludes with an exercise in which teams of six or eight members are instructed to develop an "open door" single unit program with a supporting budget. One team serves as judge of the presentations, ranking the individual performances. The team of judges is also charged with the responsibility of developing its own rating criteria. A general review of the exercise, and of the entire program closes the seminar.

Faculty

No discussion of methodology is complete without mention of the faculty who conduct Program offerings. One of the strengths of the Program — and a source of pride to its sponsors — is the dedication and commitment of its part-time field faculty. Many of the field faculty have participated in more than one presentation of a course, and some in more than one course. A major effort of the Program has been the formation of "teaching teams" who conduct all field presentations of a given course.

A primary reason for this commitment is the value of participation to the faculty person himself, his practice and his teaching.

The formation of discrete teaching teams for courses as opposed to guest lecturers has made possible the "emergent planning" concept whereby a team begins a course presentation with an agreed upon framework and end goals; then, through the mechanism of frequent staff conferences, coupled with participant feed-

back, the format is adapted to interests and needs of the participants. These experts have been recruited from the teaching ranks of the sponsoring schools, the parent universities, and other major universities in the West, as well as from private practice, industry and operating health and social agencies. They now number nearly 500 individuals.

The Program, in order to conserve the scarce and over-extended faculty resources of the parent schools, has as a policy recruited field faculty primarily from outside the Schools of Public Health. Thus an effort has been made to limit the burdens placed on School of Public Health faculty members by the program to curriculum development, policy formation and overall program guidance. Nevertheless, 43 faculty members have taken an active part in the Program's field courses.

One hundred and four of the field faculty have been drawn from the full time faculties of universities; three hundred and thirty-one from operating agencies, many of whom hold part time positions at universities. Seventeen members of the field faculty are engaged in private practice.

Whenever practical, the Program recruits faculty members from the area in which the presentation is to be made. There are several reasons for this: to insure that the information presented will be adapted to the needs of the participants; to increase the likelihood of continuing education experiences in the area after the course is over; to provide a forum where public health personnel and other specialists in the area can meet, exchange ideas and discuss mutual problems.

CHAPTER SIX:

Evaluation and Application

Evaluation

An integral part of the Program of Continuing Education in Public Health is evaluation. This includes evaluation of the entire Program by the Continuing Education Committee of the Confederation of Western Affiliates, A.P.H.A., by the Faculty Advisory Committee, and by the funding agencies; evaluation of long-term curricula by each of the subcommittees of these bodies, as well as by the committees' executive arms; evaluation of each offering by the Program staff, the course coordinator, the course planning committee, and the field faculty; and evaluation of each presentation by the participants themselves.

The main thrust of evaluative efforts to date has been aimed at improving the quality of the courses offered by the Program and at strengthening the effectiveness of individual presentations and teaching methods. Assessment is based on course objectives in relationship to participants' needs.

The development of the Program's four seminars in administration, for example, began with an interest and need survey of the health workers in the West. Results were used by the Faculty Advisory Committee to frame a long-range curriculum. Guided by the survey findings, the committee decided to proceed with definite plans for a series on Community Health Services Administration. A faculty subcommittee in this area was formed and, together with an outside consultant, an Introductory seminar was outlined.

The Continuing Education Program staff met with planning committees in each state sponsoring the courses to review the proposed agenda for the Introductory seminar and the drafts of content for subsequent seminars. Target groups and tentative scheduling were reviewed. Following the presentations of the Introductory seminar, the faculty liaison representative drafted a tentative outline for a second seminar in decision-making, and prepared objectives and content guides for a third seminar, in personnel management, and a fourth, in budgeting. The faculty members and consultants for the first seminar convened to review the topic outline for the second seminar. Assignments were made for development of seminar content and for carrying the program to the states. These planning teams met prior to and following each presentation. At these meetings participant evaluations and faculty assessments were discussed and adjustments made.

Based on the experiences in presenting the first two seminars, a decision was reached to reduce the size of the faculty team and to have its members remain in residence during the entire seminar. The concept of "faculty teams" was initiated.

During the development of the series, course materials and exercises were continually pretested, modified, reassessed and in some instances discontinued. For example, a PERT exercise for the decision-making seminar went through two major revisions and three minor modifications. Other material, like the programmed text for the budgeting seminar, remained unchanged after the initial pretest. Some of the management case studies were dropped and others substituted.

The various methods and sequence of formal presentations were subjected to the same rigorous appraisal. During each presentation of each seminar, the Continuing Education Program staff called daily meetings with field faculty to discuss seminar progress, and to insure that material and content were adapted to the needs of the participants and to situations peculiar to the state in which the seminar was being given.

In the case of the PERT exercise, participants at the first presentation gave an overall evaluation of "fair". The Faculty Advisory Committee promptly modified the student ma-

terials and provided for more orientation of group leaders and students before introduction of the exercise. Five months later, participants at a subsequent presentation rated the PERT segment "excellent".

Based on the interest expressed by many participants in a PERT procedure manual for public health workers, the Continuing Education Program prepared and published a monograph on the subject.

After the third seminar, "Personnel Management and Administrative Practice," had been conducted three times, the faculty felt a closer relation of theory to practice in some areas might be desirable. Accordingly, a questionnaire to determine the administrative position of each participant was given at the opening of each presentation. This supplemented a questionnaire on the administrative policy of the participants' agencies, which was already being used to open the seminar.

The format, length, and content emphasis have been adjusted in other courses as well: a course originally designed to be presented in three two-day segments now is presented in two three-day sessions in order to intensify the experience. In another, the focus shifted from an examination of the role of the agency in dealing with mental disorders to an emphasis on client-professional relationships.

Following the initial presentations of the administration series, an interest survey was conducted among state health officers and state public health associations. Ten of the fourteen state associations and ten of the thirteen state health officers queried gave a high priority to continued presentation of the administration seminars.

Application

Although the Program of Continuing Education in Public Health is committed to the presentation of new material and the examination of theoretical concepts — rather than an emphasis on methods, which is often the objective of in-service training — its offerings are of little value if they do not have an effect on the individual public health worker's approach to his job. Exactly how much application to daily practice results from attendance at a Continuing Education course is often difficult to determine. Nevertheless, the Program continually seeks to gather evidence to support its belief that measurable advances in the quality of public health performance in the West can be attributed to the existence of the Continuing Education Program.

A pilot study was conducted during 1966 to determine if concepts presented during the Personnel Management seminar were assimilated, and if so, how they were put into practice.

Data was obtained by a mailed questionnaire to four groups who had completed the course: the time interval between completion of the course and receipt of the questionnaire ranged from two months to one year.

The first part of the follow-up questionnaire presented four examples of supervisory situations and asked the respondent to indicate in each case which of the three leadership approaches was being followed by the supervisor described in the example. Scores could range from 4 (all correct) to 0; the average correct score of the four groups was 3.16, indicating both a high degree of retention of course materials and an ability to analyze administrative behavior in terms of the theoretical framework presented.

In the second section of the follow-up questionnaire, respondents were asked to indicate whether they had in any general way altered their approaches to supervision as a result of participating in the training sessions. Those who said they had changed were then asked why they had changed and what direction the change involved; those who felt they had not changed were asked the reasons. Of the 88 respondents to this part of the questionnaire, 34 indicated they had already been using a human-resources type of approach before attending the course. Of the remaining 54, 91 percent indicated they had shifted toward the human-resources approach.

By far the most significant part of the follow-up questionnaire asked each manager who reported a change to provide "one or two concrete examples, in as much detail as possible,

focusing on the specific actions you took and the results obtained." This request was designed to reveal whether the training had resulted in any real changes — rather than mere lip service in support of the human-resources model. Of the 44 who reported changing toward a human-resources type of management, 6 gave no examples, 12 provided what might be called general examples, and 26 provided concrete examples. An independent panel judged the examples given.

A current study, on a time ordered basis, will attempt to measure attitude and behavior change following experience in sensitivity training. Two questionnaires — Personnel Relations by Jay Hall, Ph.D., and FIRO-B by William Shultz, Ph.D. — were administered to participants in two laboratories — at the beginning of the course and six months after completion. Two control groups are also being tested: one, a participant group enrolled in a management course but not encompassing T-groups and, two, a random selection of individuals who have not participated in the Program's courses, nor, to our knowledge, in other continuing education programs.

The assessment of changes in their own attitudes and performance by the students is an important gauge to the effectiveness of the Program. But perhaps even more telling is the commentary of their superiors.

- "It is my firm opinion that the Community Health Services Administration seminars were very good, and also were quite effective in improving competency in the field of administration of many of the supervisory personnel of this Department," reported one State Health Officer.
- "While I am sure there has been some behavioral and attitudinal changes, the value of this kind of training is far more subtle than any yardstick measurement," wrote the Deputy Health Director of a Southwestern state. "There is one concrete example: an interagency committee on mental health and mental retardation was having very slow going in coming up with definite recommendations relative to needs and the solution to these needs until they learned about 'PERT'. They decided to 'PERT' the problem and really came to a very sensible conclusion in a short time."

Although the primary purpose of the Program is to advance the professional capabilities of the individual public health worker, it also hopes, by bringing together in the same classrooms representatives from many different public health disciplines and agencies, to further the equally important goals of intra- and interagency cooperation.

- "Now that the seminar is over," students at a presentation of "The Mental Patient in the Community" were asked six months later, "has there been any change in your agency or in the community?"
- "One public health social worker was added with improved intake and treatment," a student responded.
- "We are taking a critical look at the program for emotionaly disturbed children," another reported.
- "There is freedom to see our possibilities with existing personnel and facilities rather than immobilization due to 'lack of resources'," said a third.

But perhaps the most succinct statement of the goals the Program of Continuing Education in Public Health seeks to attain was provided by the Southwestern state health department official:

- "I feel that the supporting agencies have gotten far more than their money's worth out of these workshops in administration in the good that will accrue to the people of the state," he wrote. "There are several reasons for this: (1) For the first time in the history of the health department . . . all of the top administrative people have been brought together in four successive workshops in order to improve the practices of administration of the public health programs in the State. It has become very evident that in the fourth session the rapport of these people who come from all parts of the state has improved tremendously.

(2) These workshops have created a sense of the need for team effort that cannot be achieved in any other way. (3) The principles that have been advanced in these sessions and the manner in which they have been taught have certainly been at the very highest level. . . . This has added immeasurably to the knowledge and understanding of our people which relates directly to the execution of their jobs."

Another measure of effective continuing education is: does it act as a catalyst for other training experiences? The Program encourages the state committees to seek additional training opportunities from our sources. Follow-on training programs complementing and augmenting courses presented by the Program have been held, for example, in administration, communications, environmental health, family planning, and public health law, in respectively New Mexico, Montana, California, Arizona, and Oregon.

Still another criterion is: Are continuing education participants stimulated to further their academic training? This has been particularly the case for registrants in the voluntary agency year course, where a significant number of participants have enrolled in Schools of Public Health for advanced degrees.

The Future

As the Program looks to the future, the current year, 1967, may prove to be a turning point in Public Health theory and practice. A region-wide comprehensive Survey of Interest and Needs in Continuing Education was conducted by the Program, over a three-month period during the Spring of 1967. Three thousand and sixty professional health workers were sampled from official health agency lists; a response (return) rate of 56% was achieved. Analysis of the survey findings will provide important baselines for curriculum planning and development and use of new modes of instruction. The effects of Federal and State legislation in medical care and the emphasis on comprehensive health planning are already being felt. Change is in the air.

Although prognostication is always dangerous, present trends and directions suggest a number of guidelines to be used in assessing the Program's future. Because of the increasing complexity of public health problems, Continuing Education must involve professionals from many fields — it will continue to be multidisciplinary. With emphasis on consumer participation in the planning and delivery of health services, the consumer must be made more knowledgeable and increasingly involved in Continuing Education.

As the Program matures, some courses such as the Community Health Services Administrative series will be institutionalized on an annual or biennial basis in one or two locations. To balance this institutionalization there will be concurrent innovations for the in-the-field instruction; e.g. video tapes, closed circuit TV, programmed texts, and small group guided self-instruction.

Solutions were found for yesterday's problems by an innovative health profession. Today's profession can be no less, for in the words of Sir Francis Bacon:

> "He that will not apply new remedies must expect new evils, for time is the greatest innovator; and, if time alters things to the worse, and wisdom and counsel shall not alter them for the better, what shall be the end?"

FIGURE 3

STATE	MONTHS SELECTED FOR CONTINUING EDUCATION	OPTIMAL NUMBER OF COURSES PER YEAR
Alaska Arizona	January March June October	3-4
Northern California	February April November December	4
Southern California	February May September November	4
Hawaii	May October	2
Idaho	March November	2
Montana	January June	2
Northern Nevada	March November	2
Southern Nevada	March November	2
New Mexico	January April October	3
Oregon	January April September	3
Utah	June September	2-3
Washington	April October November	3
Wyoming	May September	1-2

COURSES OFFRED BY THE PROGRAM OF

COURSE TITLE	Comm.	Type Prog.	Whom For
Administration			
Introduction — Administration No. 1	Arr	Fixed	3
Decision Making — Administration No. 2	Arr	Fixed	3
Personnel Management — Administration No. 3	Arr	Fixed	3
Budget and Admin. Process — Administration No. 4	Arr	Fixed	3
Legal Tools for Effective Health Administration	Pl & Arr	Flex	2, 3
Medical Care Organization	Pl & Arr	Flex	2, 3
Introduction to Comprehensive Health Planning	P. & Arr	Flex	2, 3
Environmental Health			
Environmental Health: Man & His Total Environment	Pl & Arr	Flex	2
Institute on Occupational Medicine	Arr	Fixed	3
Mental Health			
Ment. Dis. of Concern to P.H. Pers. — Two Parts	Pl & Arr	Flex	2
The Multi-Problem Family	Pl & Arr	Flex	2
Mental Patient in the Community	Pl & Arr	Flex	2
A Public Health View of Recalcitrance	Pl & Arr	Flex	2
Web of Communication	Arr	Process	1
Suicide — Problems and Prevention	Pl & Arr	Flex	2
Building Relationships	Arr	Process	1
Working With Teenagers	Pl & Arr	Flex	2
Public Health/Mental Health Practices	Pl & Arr	Flex	2, 3
The One-Parent Family	Pl & Arr	Flex	2
Mind-Affecting Drugs	Pl & Arr	Flex	2
Death	Pl & Arr	Flex	2

COURSE TITLE	Comm.	Type Prog.	Whom For
Mental Health (Continued)			
Administrative Aspects of Community Mental Health Centers	Pl & Arr	Flex	2
Mental Health for Rural Areas	Pl & Arr	Flex	2
Psychological Aspects of Chronic Illness	Pl & Arr	Flex	2
Mental Health Problems of Young Children	Pl & Arr	Flex	2
Personal Health Services			
Mental Retardation & Community Services	Pl & Arr	Flex	2
Family Planning and Community Services	Pl & Arr	Flex	2
Cardiovascular Disease	Pl & Arr	Flex	2
Stroke and Its Rehabilitation	Pl & Arr	Flex	2
Application of Physical Examination & Multiphasic Screening in Public Health Practice	Arr	Fixed	3
Voluntary Agency			
Utilizing Consultation Effectively	Pl & Arr	Flex	2, 3
Voluntary Health Agency — Involving the Community (Year Course)	Pl & Arr	Flex	4
Successful Patterns for Executive Action	Pl & Arr	Flex	3

Pl = Use planning committee multi-disciplined but with background appropriate to topic of seminar to plan with Continuing Education Program for content related to state needs.

Arr = Use small committee to arrange facilities, recruit participants, etc.

Flex = Program content can be designed to fit local needs.

Fixed = General program or basic information course.

Process = Content developed at seminar around individual needs.

1 = All Professionals.

2 = General Professional (Planning committee uses judgement on recruitment to select appropriate disciplines and individuals).

3 = Administrative Level.

4 = Voluntary Agency Personnel (only).

FEB 4 1965

PUBLICATIONS

CONTINUING EDUCATION MONOGRAPHS

Monograph No. 1: The Voluntary Health Agency—Meeting Community Needs

Monograph No. 2: Cardiovascular Diseases

Monograph No. 3: The Behavioral Sciences and Public Health

Monograph No. 4: The Voluntary Health Agency—Getting Community Action

Monograph No. 5: Stroke and Its Rehabilitation

Monograph No. 6: Health Program Implementation Through PERT

CONTINUING EDUCATION IN PUBLIC HEALTH

COURSE CATALOG

FIELD FACULTY: A Roster

POLICY AND PROCEDURES GUIDE FOR FACULTY ADVISORY COMMITTEE AND CONTINUING EDUCATION CHAIRMEN

PROGRAMMED TEXTS:

An Introduction to Title 18 — Federal Health Insurance for the Aged

A Hospital's Role in the Community Health

Health Insurance

SELECTED CASES IN PUBLIC HEALTH LAW